

BUILDING CODE COMPLIANCE OFFICE
PRODUCT CONTROL DIVISION
MIAMI-DADE FLAGLER BUILDING
140 WEST FLAGLER STREET, SUITE 1603
MIAMI, FLORIDA 33130-1563
TEL: (305) 375-2901
FAX: (305) 375-2558

MIAMI-DADE COUNTY PRODUCT CONTROL COMPLAINT FORM

Dear Citizen:

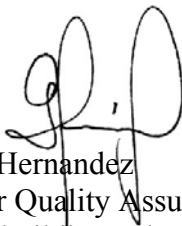
The Product Control Division of the Miami-Dade County Building Code Compliance Office investigates complaints involving the conformity to the Notice of Acceptance (NOA) of approved products issued by our Office. In order to register your complaint, please complete the enclosed form and return it to our Office. If insufficient space is provided on the complaint form, please use a separate sheet. **Do not write on the reverse side of this form.**

According to the Miami-Dade County Quality Assurance Guidelines, manufacturers must address and document field complaints involving NOA products brought by a Building Official, a Product Control Inspector, a customer or a member of the general public. The manufacturer is also required to investigate the issues related to the complaints and to submit in writing to the Product Control Division the root cause of the problems and what, if any, corrective actions were taken.

Upon receipt of the completed complaint form and accompanying documents, a Product Control Inspector will open a case file and a copy of your complaint will be sent to the manufacturer for a response. Since investigations and cases vary in complexity duration and priority, a definite time frame cannot be given as to when the complaint process will be completed for any individual case

Furthermore, because the Statute of Limitations establishes time limits within which you must assert a cause of action in court, please do not delay in consulting with an attorney or initiating any action to preserve your civil remedies in this matter.

We look forward to working with you to help you resolve any product control related issues. Thank you for your cooperation and should you have any questions, please do not hesitate to contact me.

A handwritten signature in black ink, appearing to read "Jerry Hernandez".

Jerry Hernandez
Senior Quality Assurance Inspector
www.buildingcodeonline.com



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PRODUCT CONTROL COMPLAINT FORM

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This complaint becomes a matter of public record at the time it is filed and is available for review and copying by the subject of the complaint and the general public.

Complainant's Information

Name:

Address:

City:

State and ZIP:

Telephone:

Mobile:

Email:

Job Site where the Product(s) are installed

(Leave blank if the job address is the same)

Address:

City:

State and ZIP:

I am complaining in my capacity as:

☐ Homeowner

☐ Contractor

☐ Manufacturer

☐ Building Official ☐ Subcontractor

☐ Supplier

☐ Other (*specify*)

Description of the Complaint:

If the manufacturer involved in this complaint was contracted for the installation of the above referenced products please provide us with the Miami-Dade County Certificate of Competency Number or the State of Florida Construction Industry License Number.

Miami-Dade County Certificate of Competency Number:

State of Florida Construction Industry License Number:

Signature

Date

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of this official duty shall be guilty of a misdemeanor of the second degree.